

SAMPLE CERTIFICATE OF COMPLETION

Certificate of Completion

This certifies that

[LICENSEE NAME*]

[CPA CERTIFICATE NUMBER]

has met the standards required for completion of

[COURSE/PROGRAM TITLE*]

[DATE*]

and has been awarded _____ hours* of Continuing
Professional Education Credit

[SPONSOR NAME*]

[SPONSOR NUMBER*]

[ADDRESS*]

[TELEPHONE NUMBER*]

AUTHORIZED SIGNATURE*

***THESE ITEMS MUST APPEAR ON THE COMPLETION CERTIFICATE.**